



The City of Belen Parks and Recreation Department

YOUTH BASKETBALL

K - 7th grade



Participant Information

E-mail _____

First Name: _____ Last Name: _____ Grade: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

T-Shirt Size: Y Small _____ Y Medium _____ Y Large _____ A Medium _____ A Large _____ A XL _____

Please list all Child's Medical Conditions:

Parent/Guardian Information

Parent/Guardian Name: _____ Home/Cell Phone: _____

Parent/Guardian Name: _____ Home/Cell Phone: _____

Emergency Contact *(other than parent)*

Name: _____ Home/Cell Phone: _____ Relationship: _____

Parents' Code of Conduct

I understand that sportsmanship, skill development, fun and participation are an important part of the Youth Basketball program. I agree to cooperate with league officials and coaches to achieve the purpose of this program and conduct myself in the appropriate manner. In signing this document I relieve the City of Belen Parks and Recreation Department, Belen Consolidated Schools and all of its employees and volunteers of any and all injuries and accidents that might occur while participating in this activity.

Parent/Guardian Signature

Date

PLEASE NOTE THAT NO REFUNDS WILL BE GIVEN! ALL LATE REGISTRANTS \$70.00 (No discounts)

OFFICE USE ONLY

Early Registration: \$55.00 first child _____ \$50.00 second child _____ \$45.00 any child after _____

Regular Registration: \$60.00 first child _____ \$55.00 second child _____ \$50.00 any child after _____

Cash _____ Check # _____ Receipt # _____ Employee _____